

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90006 016 ***150.00

DOCUMENT # F99000003663

1. Entity Name
ONESOURCE PAINTING, INC.

Principal Place of Business

**1600 PARKWOOD CIRCLE
 SUITE 400
 ATLANTA GA 30339
 US**

Mailing Address

**4800 N FEDERAL HWY
 SUITE 200B
 BOCA RATON FL 33431
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2137493**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **KAHN, GERALD**
STREET ADDRESS **1600 PARKWOOD CIRCLE #400**
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **V** ☐ Change ☒ Addition
NAME **Gaid, Perry**
STREET ADDRESS **1600 Parkwood Circle #400**
CITY-ST-ZIP **Atlanta, GA 30339**

TITLE **D** ☐ Delete
NAME **GAZE, PETER**
STREET ADDRESS **4800 N. FEDERAL HWY #200-B**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **AV** ☐ Change ☒ Addition
NAME **Mahar, Barry**
STREET ADDRESS **1600 Parkwood Circle #400**
CITY-ST-ZIP **Atlanta, GA 30339**

TITLE **AS** ☐ Delete
NAME **ROGER, GEBHARD**
STREET ADDRESS **4800 N. FEDERAL HWY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ Change ☐ Addition
NAME **AS**
STREET ADDRESS **4800 N. Federal Highway #200B**
CITY-ST-ZIP **33431**

TITLE **VSD** ☐ Delete
NAME **LEVINE, STEVEN J**
STREET ADDRESS **4800 N. FEDERAL HIGHWAY, SUITE 200B**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **ATC** ☐ Change ☒ Addition
NAME **Gibbs, Patricia**
STREET ADDRESS **1600 Parkwood Circle #400**
CITY-ST-ZIP **Atlanta, GA 30339**

TITLE **T** ☐ Delete
NAME **OLBERT, ANN M**
STREET ADDRESS **4800 N. FEDERAL HIGHWAY, SUITE 200B**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **AS** ☐ Change ☒ Addition
NAME **Friedlander, Scott**
STREET ADDRESS **1600 Parkwood Circle #400**
CITY-ST-ZIP **Atlanta, GA 30339**

TITLE ****PLEASE NOTE: Complete** ☐ Delete
NAME **list of all officers and**
STREET ADDRESS **directors in 11 and 12.**
CITY-ST-ZIP

TITLE **AS** ☐ Change ☒ Addition
NAME **Schoenfield, Eli**
STREET ADDRESS **1600 Parkwood Circle #400**
CITY-ST-ZIP **Atlanta, GA 30339**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roger Gebhard **ROGER GEBHARD**

4/2/2002

(561) 368-3899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary

Daytime Phone #

CR2E034 (9/01)